

85
0-10-01
20 1-10-01

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP.E CLASSIFIER		49	12/29/00
FORMALTY REVIEW	49	901	01/05/01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through number) _____ Cancelled
- + _____ Restricted
- N _____ Non-elected
- I _____ Interference
- A _____ Appeal
- O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		51		1	
2		52		2	
3		53		3	
4		54		4	
5		55		5	
6		56		6	
7		57		7	
8		58		8	
9		59		9	
10		60		10	
11		61		11	
12		62		12	
13		63		13	
14		64		14	
15		65		15	
16		66		16	
17		67		17	
18		68		18	
19		69		19	
20		70		20	
21		71		21	
22		72		22	
23		73		23	
24		74		24	
25		75		25	
26		76		26	
27		77		27	
28		78		28	
29		79		29	
30		80		30	
31		81		31	
32		82		32	
33		83		33	
34		84		34	
35		85		35	
36		86		36	
37		87		37	
38		88		38	
39		89		39	
40		90		40	
41		91		41	
42		92		42	
43		93		43	
44		94		44	
45		95		45	
46		96		46	
47		97		47	
48		98		48	
49		99		49	
50		100		50	

If more than 150 claims or 10 actions
staple additional sheet here

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